

**TENNESSEE DEPARTMENT OF EDUCATION, DIVISION OF VOCATIONAL-TECHNICAL EDUCATION
VERIFICATION OF TRAINING WORKSHOP ATTENDANCE AND COMPLETION**

Check the type of training to be verified: <input type="checkbox"/> Agriscience			<input type="checkbox"/> Applied Communication	<input type="checkbox"/> Nursing Education
<input type="checkbox"/> Biology for Technology	<input type="checkbox"/> Diversified Technology I	<input type="checkbox"/> Diversified Technology II	<input type="checkbox"/> Foundations of Technology	
<input type="checkbox"/> Innovations and Inventions	<input type="checkbox"/> Math for Technology	<input type="checkbox"/> Nutrition Science	<input type="checkbox"/> Principles of Technology	<input type="checkbox"/> Work-based Learning
<input type="checkbox"/> T & I-Transportation & Construction		<input type="checkbox"/> T & I-Manufacturing	<input type="checkbox"/> Clinical Internship	

Date(s) of Training: _____ Location of Training: _____

Name(s) of Trainer(s): _____

Full Name of Attendee (Please print)	Teacher Number	Social Security Number	Endorsement(s)	Initial beside each registered attendee who completed ALL requirements of the training	Comments
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As trainer(s) for the above checked course, I/we certify that all training requirements were met for each individual initialed above.

Name

Signature

Date

Name

Signature

Date

PLEASE MAIL THIS COMPLETED FORM WITHIN FIVE DAYS OF THE CONCLUSION OF THE WORKSHOP TO: Will Lewis, Director of Secondary Programs, Tennessee Department of Education, Division of Vocational-Technical Education, 4th Floor, 710 James Robertson Pkwy., Nashville, TN 37243-0383. If you have questions, you may reach him by phone at 615-532-2800.